THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLVI. WEDNESDAY, JUNE 16, 1852. No. 20.

COMPLETE INVERSION OF THE UTERUS, AND SUCCESSFUL REDUCTION UNDER ETHER.

[Read before the Suffolk District Medical Society, by JAMES AYER, M.D., Boston.—Communicated for the Boston Medical and Surgical Journal.]

A FEW weeks since I was called to Mrs. C., No. 2 W. Place, about 2 o'clock in the morning; and before I could leave my house, a second messenger came to urge the greatest haste. On my arrival I found the labor pains strong, and the patient walking around the room, and at times leaning on a chair. Supposing there was no time to lose, I immediately had her placed in proper position on the bed; and, on examination, found the head presenting naturally, and pressing on the perineum. With a few strong pains delivery was effected in fifteen minutes. The feet, however, were delivered with difficulty on account of the tension of the umbilical cord. After its birth the child was supported, with its abdomen in close contact with the vulva. The cord was tied and divided. In five minutes after the division, uterine contractions came on, and the placenta and membranes were expelled. I am not aware that the slightest force was applied to the cord; as I usually wait a longer period before employing traction. Neither was the hand introduced within the uterus, before the expulsion of the placenta. The cord was not above eight inches in length. The placenta was of medium size. The waters had broken before my arrival. On the completion of delivery, the finger was passed within the uterus, and nothing abnormal was detected. The patient had been troubled with cough for a week or two previous to confinement; and it was noticed as particularly hard and dry at this period. Hemorrhage after delivery was moderate. The patient was raised from the bed, her clothes changed in part, then placed in bed and a broad swathe applied to the abdomen, over the hips. As I was about taking my leave, the patient complained of "a painful swelling in the privates." On examination I found a hard tumor, larger than a hen's egg, pressing on the perineum, and feeling like the internal surface of the uterus. Moderate pressure was employed, but the patient made such great complaint, the uterine contractions were so strong, and the resistance of the tumor so firm, I concluded to defer further attempts for the present. Prescribed syr. morphiæ, to allay pain and procure sleep; the hips to be elevated, and to have perfect rest.

The same morning, six hours from delivery, I found the swelling increased and protruding beyond the vulva; it was as large as the fist. On inspection it was found to be of a deep purple color, covered with mucous membrane, with moderate secretion, and tender to the touch. Taxis, though productive of great pain, was freely employed, but without success—and was repeated at each succeeding visit. In the intervals the patient was kept quiet on the back, with a pillow under the hips, and cloths saturated with iced water applied to the vulva.

Next morning, thirty hours from delivery, the protruding mass was larger than the double fist, dark colored, strangulated and very tender. I had been able, at every visit, to circumscribe the tumor, feel the neck distinctly, and pass the finger up between the neck and the os tincæ, and thus pass it around the entire circumference. At this visit I could not circumscribe it, on account of its size, but could pass the point of the finger up as far as the cervix—but could press it no further. A hard ring or cord appeared to prevent any further progress. The whole body of the organ had evidently become inverted. The hæmorrhage on delivery had been moderate, but had constantly increased up to this time. The pulse, also, had been constantly increasing in frequency, and had taken on an inflammatory character; it now numbered 105 per minute. There was a white fur on the tongue, skin dry and hot, and considerable thirst. Some degree of tenderness over the bladder was noticed, and a swollen and tender condition of the labia pudendi. Since delivery, urine had been voided only once, and then pretty freely. An expectorant mixture had been prescribed, also spt. æther nitras. occasionally, and linseed tea as a common drink.

Here there was a train of symptoms presented far from agreeable. Reduction evidently was the only remedy; and thus far my efforts had proved abortive. Whilst reflecting on the probabilities of the case, and on the character of the obstacle, namely, the contraction of the os tincæ operating as a sphincter on the neck of the uterus—it occurred to me that the difficulty of hernia was similar to this. If, then, thought I, the stricture of the abdominal rings can be so far relaxed by the exhibition of ether as to admit of the speedy restoration of the strangulated intestine, why might not the resistance in this case be overcome by the same agency? If the uterus could be once restored to its position, the application of cold and other adjuvants might retain it *in situ*, till sufficient contractions would come on to keep it permanently in its proper place.

Stepping out for an adviser, I accidentally met near the door Dr. Clark, of Iowa, temporarily residing in my neighborhood, and invited him in. He examined the patient, at my request, and fully coincided in the opinion that there was complete inversion. I mentioned the plan of treatment which had suggested itself to me. He admitted its reasonableness, and was kind enough to approve it. We knew of no precedent—but could see no risk in the trial. Indeed, it appeared to be the only method that offered any prospect of success. The case was urgent, and demanded an immediate remedy. Sulph. ether was employed, and the inhalation conducted by Dr. C. very gradually, whilst I grasped the fundus uteri and made gentle pressure. As the system became relaxed

the tumor gradually diminished. In thirty minutes the vulva became perfectly flabby, and the tumor soft and compressible. I made firmer pressure, and it was reduced to the size of a hen's egg. The finger could circumscribe it. It remained twenty to thirty minutes of this size—uncertain whether further ground could be gained—and then, to my great joy, disappeared *per saltum*, with the peculiar feel of a receding hernial tumor.

The next indication was to retain the restored organ *in situ*, till the contractions should come on. The uterus was kept up by the point of the finger until a large bag of pounded ice was provided, and placed against the vulva; the hips were elevated and the legs slightly flexed on the thighs. Perfect rest, and syr. morphiæ to quiet the cough, were ordered.

The patient was under the influence of ether one hour and a quarter, and nothing unpleasant occurred during the process. Three hours after, I found there had been considerable hæmorrhage and cough; no urine had been passed. On examination a tumor the size of an egg was found protruding in the upper strait; made no effort to restore it, but continued the ice. At 7 o'clock in the evening the tumor had entirely disappeared; hæmorrhage moderate, with some coagula—no urine passed—pulse 90 and soft, and moderate thirst.

The next morning, twenty-four hours after the operation, pulse 80 and soft, less thirst, slept several hours in the night, discharged a pint of urine, and felt very comfortable. The uterus had become firmly contracted, and in the proper place. The external organs were yet swollen. Liquor plumbi subacet., ʒij. to four ounces of iced water was applied on a napkin to the swollen parts, and the ice bag omitted. Afterwards a pint of urine or more was passed every twenty-four hours. The patient convalesced, without further accident, steadily and rapidly; and on the twenty-third day from the confinement was able to sit up two hours during the day, and to take light broth. The babe, a fine girl, weighed about seven pounds at birth, and is now eight weeks old. The mother has attended to her usual duties for three weeks past, and says her health is as good as usual. She is of cachectic diathesis, and of lax muscular fibre; she is 23 years old.

The nursing, I would observe, was very imperfect, and increased the hazard of the case.

I have taken the liberty to give the history of the case, in detail, as it is the first that has occurred under my observation. So rare is the accident, fortunately, that I have been able to learn but little in regard to it from the experience of practitioners around me. Obstetrical authors either deal with the subject briefly, or pass it over in silence. Denman, Dewees, Burns, Mad. Boivin, Gooch and Ashwell discuss the subject at some length. In Braithwaite, Part XIII., a very interesting case of inversion and successful reduction, arising from a short cord six to eight inches long, is given by Robert Smith, of Aberdeen. Part XIV. of the same Journal contains interesting remarks on the same subject, by T. R. Mitchell, M.D., of spontaneous inversion without hæmorrhage—also a case cited by Dr. Lever.

After the history given of my case, it is unnecessary for me to add that the accident was attributed primarily to the shortness of the umbilical cord; and secondly, the powerful labor pains and the general laxity of the patient's system were considered as auxiliaries.

June 16, 1852.

INTUSSUSCEPTION.

BY JOHN B. ORMSBY, M.D. CORINTH, VT.

[Communicated for the Boston Medical and Surgical Journal.]

May 6th.—I was called to the child of Mr. A. T., a female, aged ten months. I found her suffering from what I supposed to be prolapsus ani. A tumor protruded, of a smooth, red appearance, about four inches in length. I found no difficulty in returning it, but found that it originated much further within the sphincter, than I had been aware of. I pushed it up above the promontory of the sacrum, but it returned when the finger was withdrawn. The bowels were not distended, and I now found in the left iliac region a tumor which seemed movable, hard, and about the size of a goose egg. A cathartic of castor oil operated kindly. The tenesmus and distress could only be relieved by opiates. Her stomach soon became irritable. She became emaciated, and on the 22d day of May sank.

A post-mortem examination, twenty-four hours after death, revealed the following condition of the bowels. Two or three ounces of a dirty, fetid fluid was found in the cavity of the peritoneum. The peritoneum, below the umbilicus, was much injected, and covered with what appeared to be coagulable lymph. The tumor, before noticed, proved to be the entire colon invaginated. By taking hold of the ilium, I was enabled to draw it out nearly to its original length, when I found that it was the caput coli which had passed through the anus. There were two places in the track of the colon which appeared in a gangrenous state, being easily broken down.

Perhaps this case may not be new to the profession—though I was ignorant of the means of a correct diagnosis when the child was living, and I am still fearful that another similar case would find me unprepared to afford relief.

June, 1852.

THE HÆMATOKINETIC OR BLOOD-MOVING POWER OF INSPIRED AIR, PROVED BY FURTHER EXPERIMENTS ON THE CROCODILE.

BY SAMUEL A. CARTWRIGHT, M.D., NEW ORLEANS, LATE OF NATCHEZ.

[Communicated for the Boston Medical and Surgical Journal.]

The existence of a motive power of the blood, located in the lungs, and derived from respiration, was first announced to the world by Mrs. Emma Willard, of Troy. As has been the case in all great discoveries, the world will be slow to see and acknowledge its truth. The magni-

tude of the discovery, and the wonderful revolution it is destined to make in medicine, education, psychology, &c., will retard rather than accelerate its reception. When Mrs. Somerville made the second-hand discovery, that the more refrangible rays of light possess the property of rendering steel and iron magnetic, her essay was received and published in the Transactions of the Royal Medical Society with high commendations. Hence it must be the importance of Mrs. Willard's discovery, and the fact that it will ignore more books than were burnt in the Alexandrian Library, that stand in the way of its immediate acknowledgment, and not that it was made by a woman.

The motive power of the blood, traced by Mrs. Willard to respiration, and announced by her to be derived therefrom, is as yet without a name. As new ideas require new words, I have called this newly-discovered dynamic principle the *hæmatokinetic* or blood-moving power, generated by the presence of atmospheric air in the pneumo-trachial passages. Thus, the breath or air is hæmatokinetic in its nature, or a blood-impelling power when admitted into the respiratory organs. It was long after Mrs. Somerville traced to the violet ray the power of rendering her needles magnetic, before it was suspected that the tithonic rays, of which the violet ray is one, constituted a fourth imponderable. The electro-magnetic power is brought into daily use, but no satisfactory explanation has been given of its causes. If Mrs. Willard's explanation of the cause of the motive power, pointed out by her as generated in the lungs, and derived from respiration, be unsatisfactory or untenable, *that circumstance does not invalidate the existence of such a power, or subtract from the importance of the discovery.* Nothing is known of the cause of gravity. Yet by its discovery, Newton measured the heavens. As gravity is a law of matter, so is the hæmatokinetic power a law of life, a vital phenomenon, brought into play by respiration. That caloric is a hand-maid to it, is very evident; as that agent is evolved and is not inoperative; but that there is something besides, is most certain. Like gravity, electricity and chemical affinity, the motive power, whatever it be, which is generated in the lungs and associated with caloric, is one of those interagents by which the Creator acts upon created things. One after the other of these interagents have been discovered. Their discovery, in every instance, has added greatly to man's power, although we cannot explain a single one of them. And it is time thrown away to try to do so. Yet it is a great progress in science to ascertain that such powers or interagents exist, and to learn their laws, or the order of sequence established by nature, so as to lay hold of them and convert them to useful purposes.

In proof of the fact, that a hæmatokinetic power is generated in the lungs by respiration, sufficient of itself to propel the blood through the pulmonary veins to the heart, and from thence, with or without its help, through the arterial system, the following experiment is adduced:

May 6th, 1852.—A small crocodile, three and a half feet long, was pinioned to the pavement in the court of my office, Canal street, New Orleans, and its trachea tied. In two or three minutes it began to exhibit the phenomena of asphyxia. It was suggested, that instead of

letting it die, as in a former experiment, reported in the Boston Medical and Surgical Journal, we had better open its chest and expose the heart and lungs to view before life was extinguished. The animal was immediately put upon the table, and a dissection of its thorax and abdomen commenced. The celebrated Dr. Dowler, at my instance, officiated. The dissection had not proceeded far, before I called the attention of the gentlemen present to the fact that it appeared to be nearly if not entirely dead. On looking at my watch, it was found that ten minutes had passed since the trachea had been tied. The heart was still beating, though all indications of life had nearly disappeared from the rest of the body. It soon, however, began to move and to flinch from the knife, and then suddenly, to the surprise of all, sprang off from the table and ran around and around as if it had not been hurt. It had been unbound during the asphyxia, except its mouth, which was still tied, as also the trachea. It was caught and replaced on the table. The vertebræ of the neck were broken through with a dull case-knife and a hammer—severing the spinal marrow and crushing two of the cervical vertebræ. The dorsal vertebræ were cut asunder by a rusty saw. The sciatic nerve of each lower limb was exposed and experimented on, down to the divisions in the foot. After these mutilations, the motions of the animal became much less vigorous, and finally almost ceased. The trachea was then untied and an attempt made to inflate the lungs, when the cause of its resuscitation was discovered. In opening the thorax the lungs had been pierced in two places. These rents let out the air almost as fast as it was blown in. They served no doubt to give vent to the poisonous carbonic acid retained in the lungs when the trachea was tied. When the lungs were cut into, the carbonic acid escaping had the same effect in restoring animation, as if it had been removed by artificial respiration. I tied one of the rents in the lungs with a string, and had them inflated, holding the other rent with the fingers and thumb. The inflating process immediately caused the heart to beat with increased force and frequency. The animal, which had previously become nearly motionless, after its spine had been so rudely severed in two places, dividing it into three parts as far as the nervous and osseous systems are concerned, recommenced its wonted motions under the inflating process; or, in other words, came to life a second time. Although its body, as just stated, had been split into three transverse divisions, separating the bones and nervous centres each from the other, yet sensation and motion, governed by a will, returned in all the divisions of the body at the same time; and all three acted simultaneously for a common end, when the middle or extremes of either division was pierced with a knife or burnt with fire. The inflation was suspended, and after waiting some time until motion had nearly ceased under the dissecting knife, it was again resumed, and again restored sensibility and motion to the dying animal; and then, when any part of it was irritated, all the divisions of the body acted simultaneously for the common object of removing the offending cause of pain.

The sciatic nerve of one limb was entirely cut away, yet that limb acted under the application of irritants to the limb itself or to other parts

of the body, in a similar manner as in health, from like causes, only less vigorously. To all appearances, that limb possessed the same motive powers, controlled by a will, as it did before the nerve was cut away and the spine divided—the force and activity being only diminished in degree. Finally, the crocodile, thus divided into three parts, was doubled upon itself, so as to leave a wide space between the edges of the divided vertebral column; yet all three divisions of the body would try to act together for the common end of brushing away the burning match of paper applied to any part of the skin. The hind foot, also, of the limb having the sciatic nerve destroyed, acted in concert with other parts in throwing off, by apparently intelligent and voluntary efforts, the burning match. While the latter experiments were being performed, Drs. Compton and Weatherly joined the dissecting party.

Remarks.—It is impossible to explain the phenomena witnessed in the above-mentioned vivisection on the principles now so popular and so universally admitted as the true principles of physiological science. The truth, that a radical error lies at the bottom of the entire system of physiological and metaphysical doctrines extant, cannot be evaded by saying that the crocodile is a cold-blooded animal, and that the observations made on it do not apply to man and other animals. Like man it has muscles and nerves; blood and a respiratory apparatus; digestive and secretory organs; a lymphatic and a sanguineous circulation. It has sensibility, consciousness, passions, and a certain degree of intelligence. It knows how to catch fish by making a kind of trap with its tail, and how to do many other things necessary to its sustenance and preservation; all requiring more or less intelligence. Like man it has two kinds of motion, voluntary and involuntary. It has, like him, the power to will and to regulate muscular motion in a determinate manner to effect a given object, and the will acts in obedience to an intelligent principle. What are called the vital or organic functions in man, and which are admitted to be independent of the mind or central forces, are respiration, circulation, digestion, inhalation, absorption, secretion, nutrition and calorification. All others, as the passions, the will, consciousness, sensation, intelligence of all kinds, and the power of directing muscular motion, both in man and animals, are gratuitously supposed to depend upon a central organ, or to some influence communicated to or from it by nerves acting as conductors or agents. The experiment above related, as well as a great many others made and recorded by Dr. Dowler, prove that the brain and nerves are not essentially necessary for the manifestation of a single one of those phenomena supposed to be exclusively dependent upon the nervous system, or to influences passing and repassing therein. This is proved by the fact, that after the nervous communications had been dissevered, mere inflation of the lungs, by aërating and putting the blood in motion, restored sensibility, consciousness, and the power of voluntary motion—thus proving, that feeling, willing, thinking and acting are vital functions, *inherent in aërated blood*, and are not exclusively or necessarily mental or nervous; because in this experiment, as well as in others, they were called into action without the aid of either brain or nerves.

The fundamental type of life and starting point of vitality are not the brain and nerves, but the blood. In metaphysical language, it is proved by this experiment that the blood is the *subjective or the mi*, and that it derives its subjectivity from the atmospheric air, which gives it life and motion; that the nerves and all other parts are the *objective or the not mi;* that the blood is the seat of consciousness, and that species of intelligence, often called instinct, possessed by the lower animals; of the will, of the passions, and of all the vital functions. In other words, *that it is the life*—the life of all animals, and derives its life from the inspired air. It is fleeting as the breath; any cause, which shuts the air out from the blood or stops its motion, destroys life. The mind or soul, the *objective* during life, may it not become the *subjective* or the *mi* when the life of the blood is extinguished? The crocodile, in common with man, possesses animality, attached to which are sensation, volition, intelligence, consciousness, the will, the passions, and the power to move in a determinate manner; these are the only phenomena of life derived from the blood. By denying to the blood that vitality which properly belongs to it, and which this and other vivisections clearly show it possesses, much confusion has arisen in separating the phenomena properly belonging to animality from spirituality. But where is the book on physiological or any other science, which can explain the facts revealed by the sacred crocodile? Can France, England, Germany or America produce it? Can Greece or Rome? They cannot. But the facts thus revealed by the martyred crocodile meet a ready explanation in the Pentateuch. They are only a translation or re-writing of what Moses wrote. What is the physiological doctrine taught in the Pentateuch? "The life of the flesh is in the blood." (Lev., c. xvii., v. 11.) "For it is the life of all flesh, the blood of it is for the life thereof. For the life of all flesh is the blood thereof." (v. 14.) Again in Gen. chap. ix., v. 4—"Flesh with the life thereof which is the blood thereof." Physiologists, heretofore, have never been prepared to subscribe to the above doctrine in its plain, full and literal meaning. The vitality, which Hunter contended for as existing in the blood, fell far short of that announced in the above quoted passages. He supposed that the blood, in common with the nerves and flesh, possessed life, but he never dreamed that life, in its broad, full and plain meaning, with all its attributes of sensation, motion, consciousness, will and intelligence, existed in the blood, and that the nerves, flesh and other solids possessed no life, but that *which is in the blood thereof.* Every word of this is fully verified in the facts revealed in the above-mentioned vivisection. But from what does the blood derive its life? The breath, says the experiment. The breath, says the Pentateuch. נִשְׁמַת חַיִּים *Nishmath chayyim*, the breath of life. When Mrs. Willard advanced the idea, that the chief motive power of the blood is located in the lungs, and derived from respiration, it was made a subject of ridicule by the learned. Physiological works, ancient and modern, contain no authority for it. Greek and Roman literature is against it. There is nothing in the construction of either the Greek or Latin languages, which would suggest such an idea. Of twenty or more terms and epithets, which the Romans

used to express the idea of life, not one of them has any allusion to or connection with the terms used to express the act of breathing. Thus *vita, spiritus, lux, fugiens, rapida, caduca, fluens, brevis, fluxa, angusta, arcta, fallax, misera, languida, infausta, infelix, ærumnosa, anxia, solicita, beata* and *diuterna*, convey no idea at all of breathing or respiration being connected with vitality or essential to it. So also with the Greeks, the terms they used to designate life were entirely unlike those they used to express the act of breathing; and the words designating *breath* and *life* are derived from very different roots. But an authority, "beyond all Greek, beyond all Roman fame," is now to be adduced in support of the proposition advanced by Mrs. Willard, that the chief motive power of the blood is located in the lungs and derived from respiration. It is the authority of the language first given to man, the sacred Hebrew. Mrs. Willard's idea is interwoven in the very construction of that language. The Hebrew חַי *chay*, life, comes from the verbal root חָיַי *chayay*, to live; a form kindred with חַיָּה *chayah*, the primary idea of which is "*breathing*." All the kindred verbs have the same primary idea, that of breathing, appertaining to them. The idea of motion, vigor, strength, might, valor, breathing, feeling, acting, is attached as an inseparable and invariable constituent of life, as understood by the Hebrews. The blood being the life, the mobility, the *activity* ("any man of activity [life] among them," Gen. 47, 6), and deriving its life from respiration—from the breath; the breath—blood—life—motion—strength—power—energy—valor—feeling—although a plurality, convey an unity of idea, as all springing from the same root or parent stalk. Hence the great truth, announced by a daughter of America, that respiration is the chief motive power, which produces the circulation of the blood, was revealed to Adam in the language taught him. Great as may be the authority of the ancient Greeks and Romans and all the modern physiologists, yet their authority should weigh nothing when brought against a great and important truth, which it was their misfortune to have lost sight of. It is to be regretted that Professor Draper did not see it, when *the long-lost-sight-of truth* began to be visible so near him in Troy. It was there he wrote his elaborate work on "The forces which produce the organization of plants, and the cause of the *circulation of the blood*." But he substituted an imaginary capillary power for the vital motor power derived from respiration. He overlooked the fact, that long since, the author of this present writing had proved by experiments the most conclusive and unanswerable, that capillary attraction has no existence as a separate and independent motive power, its entire phenomena being resolvable into another form of gravity from unequal atmospheric pressure.* Taking the most objectional portion of the chemical materials used by Mrs. Willard in the construction of her theory, the learned professor, about the same time, constructed a similar one, only turned inside out, as it were; the supposititious capillary power usurping the throne of that everlasting and universal vital power derived from respiration, whether in plants or animals. Forthwith his theory led him to the

* Medical Recorder, Vol. XIII., pages 77 to 87. Philadelphia, 1828.

monstrous conclusion that there is no such thing as life, vitality or a vital principle; the whole phenomena of vitality being resolved into capillary attraction and chemical affinity. Bishop Berkley reasoned himself out of a belief in the existence of matter; and here we have, in the nineteenth century, a learned professor who has reasoned himself out of a belief in the existence of a vital principle or life itself. I hope I am not too hard on the professor in objecting to his killing all the world, himself and myself among the number, in order to establish a theory. It were much better to abandon such a murderous theory, and live and be a great chemist, botanist and photographist as he really is, but a very indifferent physiologist.

Since the experiment above reported was made, another crocodile, the favorite pet of Dr. Dowler, which he has been keeping for years for a grand experiment, has fallen a martyr in the cause of science—uttering the same language as the preceding, only in louder tones, and sending those, who are too proud to learn physiology from a woman, back to Moses and the Prophets, and to the study of the Hebrew.

New Orleans, May 29, 1852.

INFLUENCE OF THE IMAGINATION OR WILL UPON THE PREGNANT WOMAN.

BY I. G. BRAMAN, M.D., BRIGHTON, MASS.

[Communicated for the Boston Medic' and Surgical Journal.]

THE following somewhat unique case occurred in my practice, and is submitted for the pages of the Journal without note or comment.

In the month of May, 18—, I was summoned to attend Mrs. ———, who was at the close of the ninth month of pregnancy. As I entered the room, I found everything arranged for her accouchement, which was momentarily expected to occur. The pains were frequent a nd vigorous, and an examination per vaginam revealed the os uteri fully dilated, the head advancing, and all things as favorable for a speedy termination as could be desired. I consoled myself with the idea that I should soon be released and on my way home. The female assistants, those kind and *sometimes* convenient appendages to the lying-in room, concurred most fully in this opinion, and were profuse in their encouragement and congratulations to my patient. But alas for the vanity of all earthly expectations. She did not respond either in faith or by practice. On the contrary, she obstinately turned a deaf ear to all consolation, declaring in emphatic terms that "she should not be confined before aunt Nancy came back." By the way, this same aunt Nancy was a woman of some considerable note in that portion of the obstetric world, and Mrs. ——— had made a special arrangement with her in reference to this occasion, but the *miserable sinner*, regardless of her solemn promise, had left town on a visit. Her presence and sympathy it seemed was a *sine qua non;* and consequently I must relinquish every hope of accomplishing anything, while such an unfortunate conjunction of circumstances obtained. In vain I laughed, expostulated and even scolded. Mrs. ——— made but one reply to all? "You may say and do what

you please, but I tell you I shall not be sick before aunt Nancy comes back, if she never comes." The pains were still urgent, and a few expulsory efforts were all that appeared necessary to complete the labor.

In this state of doubt and uncertainty we spent the night. Morning came, but with it no relief. The major portion of the day was passed in the same manner—matters remained *in statu quo*. About 4, P.M., my assistants (who had received some accession to their number from a neighboring domicile) began to look grave, and exchanged significant glances. Suddenly they vanished, leaving me *solus* with Mrs.———. By certain stifled whisperings, I inferred they were holding a conference in an adjoining room. This, I knew, portended some important communication to myself, and I waited with fortitude to hear what it might be. I was not kept long in suspense. The door opened, and marshalled in single file, they advanced, when the oldest, who had evidently been chosen chief speaker, thus addressed me :—

"Doctor, do you not think Mrs. ——— has been sick some time?"

"I do."

"Why is she not confined?"

"You have heard what she says, and can judge as well as I."

"Is anything out of the way"?

"No."

"Can't something be done to help her along?"

"I know of nothing. We must wait patiently."

"Are you willing we should try an experiment upon her?"

"It depends upon what it is."

"We won't do anything to hurt her."

"Well, with such a condition you may try your experiment, but I shall interfere if I see anything in it calculated to do harm."

With this consent, they speedily commenced operations. A common wash tub was placed under a chair which had lost the whole or the greater part of its bottom. In this tub some wormwood, hops, and I think tansy, were put, and boiling water poured over them. After waiting a few moments, for the water to cool a little, Mrs. ——— was taken from her bed, seated in the chair, duly propped up by pillows, and supported by the arms of all the feminine gender present. This process was accompanied with various appropriate remarks, such as—"There, now we have fixed yon nicely." "You will be sick right off." "We aint a going to stay here again all night," &c. &c. Contrary, however, to their expectations, her pains immediately ceased. She was perfectly comfortable, and evidently enjoyed the change. The conclave stood aghast, and after waiting over an hour, gave up their experiment, and with much chagrin re-placed the good woman upon her bed. There she remained one fortnight, happy and contented, suffering no annoyance, except some slight derangement of the stomach, which was easily relieved by appropriate remedies. At the expiration of this period, aunt Nancy fortunately came back. No sooner did Mrs. ——— hear of this, than her pains returned. Aunt Nancy was sent for, I was again summoned, and, in a very short space of time, a fine girl made its debut into the world.

June 9, 1852.

DIVERS TUMORS.

[Communicated for the Boston Medical and Surgical Journal.]

PRACTICAL considerations appertaining to the following notices of certain tumors, induce me to offer them for publication.

Hydatid Tumor of the Wrist.—A laborer discovered a diffused swelling in the hand and wrist four years since, but it received no particular attention until its growth prevented flexion of the fingers upon the hand, and of the hand upon the wrist. It filled the palmar and carpal regions entirely, and was divided into two distinct lobes by the annular ligament. It was encysted, and having its origin upon the flexor tendons of the fingers, and consequently beneath the aponeurotic tissues, it had a tense resisting touch. In causing fluctuation from one division of the tumor to the other, a very distinct crepitus was produced—a sensation as if the sac was filled with fine shot, or, more accurately, that of pressing a bag of rice with the fingers—a harsh grating sensation. This crepitation is peculiar and diagnostic, and is the effect of friction of the hydatidic bodies gliding upon each other. The integuments were never discolored, but at the upper limit of the tumor upon the wrist there was a circular, indolent, superficial ulcer, of the size of half a dollar, that had existed for a long time.

To obliterate the cavity of the cyst by promoting adhesion of its parietes, I opened the tumor by free incisions at each extremity, from whence issued an immense number of hydatidic bodies of the size of apple seeds. They were white, smooth, and glistening in appearance, and were ovoid and pyriform in shape. A large quantity of glairy straw colored fluid also escaped. Flexion of the fingers and wrist was immediately restored. A seton composed of a wisp of wicking was carried through the sac from one incision to the other, and these suffered to remain until the tenth day, when it was withdrawn. An abundant suppuration ensued, which at the end of five weeks ceased altogether, and it was then found that adhesion was complete. The ulcer at this time was reduced to one fourth of its original size, and at the expiration of eight weeks it was cicatrized and the cure concluded.

Varicocele.—This case is related for the simplicity of the operation for radical cure. A young gentleman received a severe blow upon the left testicle fourteen years ago, but the enlargement of the scrotal veins was not observed until several years afterward; but they gradually increased in number and amplitude, until considerable heaviness and pain resulted. The veins were as usual grouped into hard inelastic masses, the scrotum was elongated, but the testicle was in a sound condition. The increase of the tumors, and the pain and inconvenience caused by them, rendered a radical cure very desirable.

I simply raised the venous masses from the vas deferens, and inserted a pin beneath the enlarged veins near the upper extremity of the tumor, and then elevating the portion included by the pin, tied it firmly with a strong ligature. Another pin was inserted in like manner, an inch below this, and thus the continuity of the veins was twice broken, and it was evident that if the portions included by the ligatures should slough, the remainder of the veins would be disposed of by the process of degeneration, and that would end it.

On the third day the scrotum was inflamed and œdematous, and the constricted parts black and dead. The constitutional symptoms were by no means violent. By the sixth day the sloughs separated, and the pins were liberated. The scrotum was now highly inflamed and swollen, and there was considerable pyrexia, furred tongue and painful testicle; there was only trifling pain in the spermatic cord, and no signs of phlebitis. By the eighth day there was much abatement of the swelling, &c., and at the expiration of five weeks the sloughs had cicatrized, and all that remained of the veins was a hard ligamentous substance. The scrotum was reduced to its original volume by the loss of integuments included by the ligatures.

Hydrocele of the Neck.—In this interesting case the patient was fifty years of age. He first perceived a swelling upon the right side of the neck seven years ago, which gradually increased in volume until it reached from the upper limit of the neck down to the bottom of the opposite side, resting upon the sternum and clavicles, and crossing the throat diagonally from above downward. It was deep seated beneath the mastoid muscle, and had pushed the prominent part of the trachea wholly to the left side of the median line. It was uniformly rounded; its form was ovoid, the base being uppermost. It was tensely fixed, and the integuments were somewhat heightened in color. It yielded an indistinct fluctuation, and by applying the ear to it the respiratory and circulatory sounds were singularly acute—a result due to the conducting power of the fluid contents of the cyst. The tumor was never very painful; but as it had displaced the trachea, it caused considerable embarrassment to respiration and deglutition. These considerations, with its rapid growth and the annoyance and deformity caused by it, constituted sufficient reasons to attempt a radical cure.

To accomplish this, I was of course guided by the principles of treatment applicable to ordinary hydrocele. I first selected the process of iodureted injection. I made a slight incision of the skin, and introducing a trocar, drew off eight ounces of limpid serum, when the neck was reduced to its normal appearance, with the exception of the permament displacement of the trachea. Three drachms of diluted tincture of iodine was injected and suffered to remain as the agent to excite adhesive inflammation. The serum was remarkably clear, slightly coagulated by heat, and by the microscope discovered a slight proportion of blood corpuscles and epithelial scales, and nothing more.

A pretty high degree of inflammation followed, but not sufficient to produce entire adhesion of the extensive surfaces. At the expiration of three weeks the tumor attained the size of an orange, when I again punctured it, and inserted a seton composed of two filaments of small tape through its longest diameter. This measure proved successful; it was sufficient to maintain a degree of inflammation that resulted in entire union of the walls of the sac. The seton was retained during an interval of five weeks, being frequently saturated with tincture of iodine. The constitutional disturbance was inconsiderable, the patient was only confined a few days, and the progress of the cure was rapid and satisfactory.

I have only twice met with this rare form of serous cyst. In another

instance it occurred in a gentleman seventy years old, whose health was bad. It was upon the right side of the neck, and sustained a remarkable resemblance to the foregoing, only it was smaller, and was attended with severe lancinating pain in the neck. I did not know exactly what to make of it; but to be sure of my diagnosis, I punctured the cyst with an exploring needle, when its contents escaped and the tumor collapsed with great relief to the patient. I subsequently injected it with iodine, and finally passed a seton, but failed altogether. The patient's health broke down, and he died in a few months after the ineffectual attempts were made to relieve him.

The history of this cyst is of modern origin, being first described by European surgeons about twenty-five years ago, under the denomination of hydrocele of the neck, hydrobroncocele, serous goitre, encysted goitre, hygroma cellularis, &c. Its existence is independent of the thyroid gland. Broncocele, for which it has been mistaken, is developed in the substance of the thyroid gland, and is accompanied with hypertrophy or degeneration; while hydrocele occurs in the cellular tissues of the neck—a genuine cystic tumor formed by the progressive development of a serofibrous membrane. Simple as the distinction is, errors of diagnosis have been committed by distinguished surgeons. Mr. Bransby Cooper attempted the removal of this tumor by excision, but was arrested by a sudden gush of water that revealed its true pathology. It has been mistaken for goitre, solid growths, aneurism, chronic abscess, lymphatic swellings, &c., but the smooth, uniform roundness of hydrocele and its fluctuation distinguishes it from the hard, irregular, lobulated masses of the thyroid gland; and moreover, all doubts may disposed of by an exploratory puncture. It is a singular fact that nearly all the reported cases of hydrocele of the neck, and they are not numerous, occur upon the *left* side.

Hydrocele of the neck, since its pathology has been determined, has been treated with pretty uniform success. The various methods consist of iodureted injections, excision when small, incision, and the seton. All have their partizans, but it cannot be denied that the weight of testimony is altogether in favor of the seton. JAMES DEANE.

Greenfield, June 10, 1852.

DISCOVERY OF ETHERIZATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It has occurred to me that the medical profession is in duty bound to say a word in relation to the settlement of the Ether question.

It does appear to me that Drs. Wells, Morton, and Jackson, each have a claim, but neither an exclusive one, to the discovery.

I think the proposed bonus of $100,000, which a committee of Congress has proposed to confer upon one of those gentlemen, should be divided among the three, their heirs, or representatives.

If you, sir, view the matter in this light, a statement to this effect, by the physicians of Boston, and transmitted to Congress, might avail to set the subject right, as well as satisfy and do justice to the parties.

I enclose a statement on the subject from the *Scientific American*, and forbear to enlarge, as a word to the wise, &c.

Very Respectfully, JOSEPH COMSTOCK.

Lebanon, Ct., June 1, 1852.

[The statement above referred to is a representation of the claims of Dr. Horace Wells, of Hartford, as the true discoverer of etherization. It is mainly the same as what has already appeared in the Journal, and its repetition here is unnecessary. The suggestion of Dr. Comstock is worthy of consideration, though it is somewhat doubtful whether the plan would suit either of the Boston claimants.]

BIRTH OF A MONSTER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you think the following of sufficient interest to merit a place in your valuable Journal, please insert.

Respectfully, I. A. DARLING, M.D.

Bangor, N. Y., June, 1852.

On the morning of the 22d of last month, I was called to attend Mrs. P——, at the birth of her fourth child. After a labor of about eight hours, a living child was born, with the following deformities. It had a double hare lip; no arms at all, but hands, except the thumbs, hanging from the shoulders. No genital organs of any kind. No motion in the hip or knee joints; consequently, the legs being flexed in utero, both femurs were fractured during the latter stages of parturition by bringing the inferior extremities into a line with the body. Lastly, there was talipes varus of both feet. It appeared to have been in utero about eight months. It never breathed. I have it at my office, nicely preserved in spirits.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 16, 1852.

Louisiana State Medical Society.—A meeting of this Society was held at New Orleans on the 8th of March last. It seems that the session lasted several days before much was accomplished. We trace their proceedings to the 13th of the month, when the late president, Dr. Barton, delivered an address, which was referred to week before last in the Journal, and is distinguished for its sound logic and independence of opinion. Dr. Picton, of New Orleans, a name quite well known to us in this rough end of the United States, was elected president. Five vice presidents, together with the usual complement of secretaries, and a treasurer, completed the organization for the ensuing official year. A new feature was introduced, and was framed into a law, which will always insure a full attendance of those who have an ambition for office. It is as follows—viz.: "No member shall be eligible to any office of this society, unless he be in attendance on

the session." The same might work well in the Massachusetts Medical Society. A dinner or position on the platform, and sometimes both, would also do considerable towards filling a hall.

Lectures on Surgery.—Whoever reads, must of course be familiar with the name and standing of Bransby B. Cooper, the great surgeon of Guy's Hospital, London. In October, 1851, he gave the profession a volume of lectures on the Principles and Practice of Surgery. Authors on this branch of science have discovered a singular poverty of invention in regard to titles for their works. There are so many *Principles and Practices* in our libraries, that it is a source of perplexity to designate one from another. But to the subject. Messrs. Blanchard & Lea, Philadelphia, have brought out in one of their generous octavos, of 771 pages, the lectures of this distinguished surgeon, which are full and complete in the consideration of the leading facts and phenomena in the field of surgery. Mr. Cooper remarks in the preface, which is a sensible paper by itself, that "it may be considered by many, that a book upon surgery is not at the present time one of the desiderata of the medical profession, and such a remark would, I think, be quite true, if it were intended to apply to a work on the abstract principles of the science." And again, speaking of the production as it lay before him—"its contents are of a practical character, embodying the experience of twenty-five years, during which time I have occupied the position of surgeon at Guy's Hospital." Aside from the partiality a writer would naturally feel for his own literary labor, no one would suppose that Mr. Cooper would have suggested that these lectures were of value, had he not been conscious that they were accurate guides to a broad field surveyed with extreme accuracy by himself. Mr. Cooper is no originator of novelties, but an eminently practical man, who weighs every thing with caution, and plainly states just what is true, so far as it accords with his own personal experience and that of the best class of observers. These are the books most needed. As the age in which we live is assuming a strictly utilitarian character, they are well qualified to assist in the progress of scientific medicine. Theoretical speculations have been too much encouraged for the sound advancement of that kind of inductive knowledge on which true philosophy is based; and if encouragement is given, as it should be, to thinking, reflecting, experienced men, medicine and its cognate branches have a higher destiny in the future.

Portraits of Physicians.—That singularly endowed school of medicine, the University of Michigan, which labors for nothing, apparently, yet gives to students the first order of instruction, has been doing a genteel act that will enlarge the circle of its friends. A sheet, bearing the miniatures of the entire faculty of medicine, beautifully engraved on steel by Sartain, of Philadelphia, has been or is to be given to the students of the institution. In the first place, the artists have executed their business in the very first style of art; secondly, the school will doubtless be greatly assisted by the circulation of this engraving; and thirdly, the five professors are very handsome, intellectual-looking men.

Hydropathic Encyclopædia.—Two beautifully printed volumes, from the press of Eowlers & Wells, New York, by R. T. Trall, M.D., have been

received. There are some good plates in the work, and several which are good for nothing. The descriptions of diseases are correct, but the remedy is a puzzler. No matter what the symptoms, or malady, the remedy is water, without any qualifications. Very many curious facts are introduced, and suggestions abound of some practical value; but a man who cannot either kindle a fire or put it out with water, is not considered in fellowship with the hydropathic school. That series of compilations in the first volume, on air, light, drink, food, temperature, exercise, sleep, longevity, &c., are unexceptionable. There are remarks about everything, in this Cyclopœdia—a complete Salmagundi—but the great idea is water. It is physic or farce, according to the mode of using it. Those who are perverse enough not to believe in the perfect and entire remedial efficacy of water, after reading Dr. Trall, would not believe that the moon was made of green cheese were Sir John Herschell to announce it as a discovery.

Obstetrics: the Science and the Art.—Were the name of Charles D. Meigs, M.D., unknown to fame, it might be well to state that he is Professor of Midwifery and the Diseases of Women and Children, in the Jefferson Med. College, Philadelphia, and that he is identified with progress in every department of medicine. And this is not all, for Dr. Meigs is an indefatigable writer. His records are not made up of other men's thoughts, for he has always had the independence to think for himself. He wrote a large volume, a few years since, that met with the cordial reception of the profession throughout the world. That same book has been essentially improved by the only man who could add to its value—the author himself, and the above caption is the title of a second edition, illustrated by one hundred and thirty-one drawings. Messrs. Blanchard & Lea, Philadelphia, favorite publishers with the profession, have executed their part of the enterprise in their accustomed style. This is a book we heartily commend to medical men. We know of no stronger commendations than this simple statement.

New York State Medical Society.—For the first time, this body is to meet in N. York, in the College of Physicians and Surgeons, 57 Crosby St., on Tuesday, June 27th. A better arrangement could not have been proposed, to ensure a large and brilliant meeting. Invitations have been extended to prominent gentlemen of the profession out of the State, to meet with the society, contribute papers, &c. The occasion will be one of peculiar interest to members and guests.

The Season for Travelling. — With the approach of summer days, there is usually a falling off in communications to the pages of the Journal. It is the season for travelling—when the medical fraternity of the north and the south take the opportunity to visit the west, and to look into its vast resources, and admire the great lakes and rivers, which are among the noblest in the world. We are never expecting, with a July sun, so many communications as when the winter storms are raging. But although there may be a temporary suspension of those literary and scientific favors which are the life of a periodical, as the expression of the medical sentiment of the country, with the falling of autumn leaves they begin to flow in again, full of freshness and vigor. Medical

practitioners require an annual relaxation, and change of scenery, as much as the merchant or the clergyman, and they should break from the trammels of business long enough for a jaunt beyond the purlieus of their every day circuit. Those who do go, invariably gather new views and facts. These are usually prepared for publication in the long evenings of approaching winter. We have no reason for complaining on account of any falling off of papers; on the contrary, it is extremely gratifying to be able to present a succession of communications from sources commanding respect and confidence, even thus far in the warm season. If they happen to be less numerous, or fail altogether, for a short time, readers will, by these explanations, understand the true cause.

History of Fevers.—A third edition of Dr. Bartlett's great work on fevers, from the Philadelphia press of Blanchard & Lea, will receive proper attention directly. The success which the former editions met with, must have gratified and encouraged the accomplished author.

Profits of Quackery.—In the city of Boston there is a man exclusively devoted to venereal practice, who is believed to be in the receipt of one of the largest professional incomes in the city, and yet he never studied medicine, and actually conducts his immensely profitable business under an assumed name. To one daily paper he pays, by contract, three thousand six hundred dollars a year for advertisements. There is not an educated physician in the city who could possibly compete with this person, were he disposed, nor could those who consult him be brought to believe he has an equal in the branch of practice to which all his energies are devoted. This state of things is discouraging, indeed, to those who have conscientiously prepared themselves by a most exact, systematic training, at home and abroad, in hospitals and the lecture rooms, for the practice of medicine.

Meeting of the American Medical Association at Richmond. — The following is the vote which was passed at the late meeting of the Association, respecting the reception and entertainment of the members, by the profession and citizens generally of Richmond; and by the accounts of those who were present from the north, we are persuaded a similar vote of thanks was never more truly merited. We copy it from the excellent report of the proceedings issued from the office of the Stethoscope, at Richmond, which was kindly forwarded by the editor, Dr. Gooch, to whom we are under obligations which should have been before acknowledged.

"Dr. STILLE, of Pa., moved the following resolutions, which were seconded by Dr. BLATCHFORD, of New York, and unanimously adopted:]

"1. *Resolved*, That the elegant, varied and generous hospitality which the association has enjoyed during its present session, calls for its hearty and unanimous thanks, with the assurance that it can never forget an entertainment, unrivalled even among the festivities of the "Old Dominion."

"2. *Resolved*, That the thanks of the association are hereby presented to the Medical Society of Virginia, to the medical profession and citizens of Richmond, to the trustees of the 'United Presbyterian church,' to the managers of the Danville railroad, and to the several public institutions of this city, for the hospitable care of these bodies to promote the comfort and amusement of the association.

"3. *Resolved*, That the association returns its thanks in an especial manner to the committee of arrangements for the zeal, intelligence and good taste displayed in performing its numerous and important duties."

Economy in Dental Operations.—A farmer of the neighborhood of Boulogne, in France, applied the other day to a dentist of that city, and complained of severe pain in a decayed tooth. The dentist told him that the tooth would bear stopping with lead, and asked him to return in a few days. When the farmer had returned home, he thought that he might save the dentist's fee, and asked the blacksmith of the village to pour some melted lead into the tooth. The worthy knight did as he was bid, and the poor farmer saved his money, but had almost the whole of one side of his jaw burnt away.—*Lancet.*

Medical Miscellany.—Dr. Goldsmith, of Castleton, Vt., recently tied the left common iliac artery, the patient being threatened with immediate death from an aneurism of the external iliac.—Dental magazines are on the increase. A new one by Dr. Solyman Brown, N. York, has appeared. —The Philadelphia Female Medical College had fifty-two students on the catalogue. Eight ladies took the degree of M.D. The circular is out for the next term.—Seven cases of cholera, with many fatal ones, have occurred at Maysville, Ky.—A few cases of measles are about, and also a sprinkling of erysipelas.—A new edition of the medical police rules and regulations of the Boston Medical Association, embracing the new fee bill and a catalogue of the members, has been published.—Several medical gentlemen have recently sailed for Europe.—According to the last medical returns, 40,000 persons died of cholera in Jamaica last year.—During the month of February last, 8,247 patients participated in the benefits of the Royal Free Hospital, London.—During the last year, 11,500 patients participated in the benefits of the Royal London Ophthalmic Hospital.—The average number prescribed for, every morning, is 300.—The appeal of Mrs. Woolrige, London, who promised to subscribe towards the Free Cancer Hospital fifty guineas, if nineteen others subscribed a similar sum, has been successful, and the sum is now lodged in Messrs. Coutts' Bank.

To Corsespondents.—Dr. Mitchell's case of severe injury of the head, a letter from Mrs. Willard on the new theory of the circulation, and Dr. Manley's remarks on Anæsthesia, are received.

Married,—Dr. T. D. Strong, Westfield, N. Y., to Miss L. M. Ainsworth.—At Warehouse Point, Conn., Dr. Joseph Olmsted to Miss S. M. Barnes.—Dr. C. E. Crane, of Utica, N. Y., to Miss C. C. Myers.—Sidney S. Merrill, M.D., of Reading, Mass., to Miss P. V. Bradley.—In Baltimore, Dr. James Simons, U. S. Army, to Miss M. T. Gettings.

Died,—At Fairhaven, Mass., Jeremiah Miller, M.D., 65, an eminent physician for the last forty years.

Deaths in Boston—for the week ending Saturday noon, June 12, 61.—Males, 35—females, 26. Accidental, 1—apoplexy, 1—inflammation of bowels, 1—burn, 1—inflammation of brain, 2—consumption, 12—convulsions, 2—croup, 1—debility, 2—dropsy, 1—dropsy of brain, 4—fever, 1—typhoid, 1—scarlet fever, 6—heart disease, 2—infantile, 5—inflammation of lungs, 4—marasmus, 1—mania, 1—old age, 6—palsy, 1—puerperal, 1—teething, 2—unknown, 2.

Under 5 years, 20—between 5 and 20 years, 10—between 20 and 40 years, 10—between 40 and 60 years, 8—over 60 years, 13. Americans, 31; foreigners and children of foreigners, 30. The above includes 5 deaths at the City institutions.

New Mode of Returning Strangulated Hernia.—By THOMAS A. WISE, M.D., late Surgeon H. E. I. C. Service.—The following are the particulars I promised to send you, regarding a new method of reducing strangulated hernia. While I had charge of an hospital in India, an elderly man was brought to it with a strangulated inguinal hernia. After in vain employing the usual means of reduction, I was preparing to liberate the gut with the knife, when a Mussulman gentleman suggested, that the following method should be first tried, as he had seen it successful. As it appeared most simple and effective, I at once proceeded to try it. The patient was placed upon a table, and a long sheet, folded several times on itself, was carried round the lower part of the abdomen of the patient, was twisted on itself in front, and again on the sides, so as to enable an assistant, standing on each side of the patient, to hold the extremities of the sheet, and to pull them gently upwards, or towards the patient's head, while a third assistant held the feet steady, and the surgeon used the taxis.

As the gut immediately above the strangulated portion was superficial and distended with air and liquid, it was drawn upwards with considerable force from the hernial sac, which was assisted by the surgeon using the taxis; when the strangulated portion was immediately reduced.

This simple method may, in a very large proportion of cases, be employed with perfect safety and at an early period, before inflammation and thickening has complicated and increased so much the danger of the operation, which is thus rendered unnecessary.—*Edin. Monthly Journal.*

British and Foreign Hospitals.—It is not, perhaps, generally known that Paris, with a population of 1,000,000, has upwards of 10,000 beds in its hospitals, whereas London, with a population of 2,000,000, and an annual mortality of 45,000, has only 5000 beds; St. Petersburgh with a population of 476,000, and an annual mortality of 10,000 to 11,000, has 6000 beds; Vienna, with a population of about 400,000, and an annual mortality of 16,000 to 17,000, has 3700 beds; Berlin, with a population of 365,000, and an annual mortality of 8000 to 9000, has 3000 beds; Warsaw, with a population of 150,000, has 4000 beds; and Manchester, with a population of 360,000, has 193 beds. The above statement does not include the wards for the sick in the poor-houses of the continental towns, or in the work-houses of London.—*London Lancet.*

Abnormal Union of Fingers.—M. Pauli, of Landau (Rhenish Bavaria), operates upon fingers abnormally united in the following manner:—The web binding the fingers is divided longitudinally with a bistoury, quite close to *one* of the latter, and a little higher up the cleft than the abnormal connexion, the fingers being meanwhile carefully held asunder by an assistant. By these means sufficient skin is left, on one side, to bring the margins of the wound together; and these being secured by strips of adhesive plaster, unite by first intention. The wound on the other side is then covered with lint, and allowed to cicatrize by granulation. Any subsequent union between the finger covered with a continuous and linear cicatrix, and the one presenting a surface closed by granulations, becomes thus impossible. The author mentions several cases in which this method was successfully employed.—*Ibid.*